Georgia Health Sciences University

Travel Expense Statement

Department Name: Materials Mangement				**Travel From:**	**To:**
Name: Lori Jones	Title: Director			Employee ID#	
Campus Address:			City:	State:	Zip:
Home Address:			City:	State:	Zip:
Office Phone:	Email:			Vendor ID:	

Fund: 41160	Department: 003250096	Program: 19100	Class: 54120	Project:	Amt: 400.00
Fund:	Department:	Program:	Class:	Project:	Amt:
Fund:	Department:	Program:	Class:	Project:	Amt:

Meals - 641130

Meals Code Desciptions:

Select a code in the dropdown box located to the left of each meal.

NE-Not Eliaible: Meals not occuring within eligible depart and return times or meals included in reqistration fees.
Reg- In State Regular: B/LD: 6.00 / 7.00 / 15.00
HSH- In State High Cost: B/L/D 7.00 / 9.00 / 20.00
OS- Out of State: Enter daily per diem rate:

Please note that $5.00 for incidentals is not allowed and will be deducted from daily totals if claimed.

If you have an unusual meal expense, use the miscellaneous expenses section on the next page.

Date	Depart Time	Return Time	Breakfast Code	Breakfast Location	Breakfast Amt	Lunch Code	Lunch Location	Lunch Amt	Dinner Code	Dinner Location	Dinner Amt	Total
			NE		0.00	NE		0.00	NE		0.00	0.00
			NE		0.00	NE		0.00	NE		0.00	0.00
			NE		0.00	NE		0.00	NE		0.00	0.00
			NE		0.00	NE		0.00	NE		0.00	0.00
			NE		0.00	NE		0.00	NE		0.00	0.00
			NE		0.00	NE		0.00	NE		0.00	0.00
			NE		0.00	NE		0.00	NE		0.00	0.00
			NE		0.00	NE		0.00	NE		0.00	0.00
			NE		0.00	NE		0.00	NE		0.00	0.00
										Total		$0.00

Lodging-641140

From	To	Location	Daily Rate	# Days	Total
					0.00
					0.00
					0.00
					0.00
				Total	$0.00

Location Points Visited

From	To	Description

Registration Fee -727121

Description	Amount

Total Expenses

641110 Total Transportation	$0.00
641120 Total Airlines	$0.00
641130 Total Meals	$0.00
641140 Total Lodging	$0.00
641150 Total Misc	$0.00

641160 Total Reimb Rent Car	$0.00
641170 Total Parking	$0.00
641510 Total Mileage	$0.00
727121 Total Reimb Registration	$0.00
Total Reimbursable Expenses	$0.00

EmplID# Employee: Lori Jones Travel From: To:

Personal Vehicle Mileage-641510

I certify that use of a personal vehicle was more advantageous than a commercial rental. **Yes** ☐ **No** ☐

Select type of personal vehicle: Automobile ☐ Motorcycle ☐ Airplane ☐ I have an assigned state car on a permanent basis

Date	Origin	Points Visited	Destination	Begin Miles	End Miles	Commute Miles	Personal Miles	State Use Miles
								0.0
								0.0
								0.0
								0.0
								0.0
								0.0
								0.0
								0.0
								0.0

If you shared transportation enter,Person(s) traveled with:

Total State Use Miles 0.0

Mileage Rate $0.510 $0.00

Airlines-641120

Begin Date	End Date	Type of Transportation	Origin	Destination	Amount

Total $0.00

Transportation-641110 (gasoline, public trans, taxi, train, tolls)

Date	Description	Amount

Total $0.00

Parking-641170

Date	Description	Amount

Total $0.00

Rental Vehicle-641160 (paid by employee)

Date	Description	Amount

Total $0.00

Miscellaneous Expenses-641150

Date	Description	Amount

Total $0.00

Explain any expenses that are unusual or exceed established limits:

"I do solemnly affirm under criminal penalty of a felony for false statements subject to punishments by not less than one year or nor more than twenty years of penal servitude, that the above statements are true and I have incurred the described expenses and mileage usage in the discharge of my official duties." I have not been reimbursed and have not filed nor will I file for reimbursement from any other source, for said expenses.

Traveler Signature: SIGN HERE Approver Signature: SIGN HERE SPA Signature: (Foreign Travel Only)

Date: Date: Date: